SAMPLE - Student Data Collection Form 2007-08 Physical Fitness Test

This form is for your convenience in collecting data for electronic submission. Please do not send this form to the state PFT contractor (Educational Data Systems). Test Date: _____ Statewide Student ID (SSID): _____ Student Name: I. STUDENT DEMOGRAPHICS - Fill in all information whether student has tested or not. A. County-District-School Code D. Charter School Number: ('0000' for dependent charters or non-charter schools) C. School District Name: D. School Name: _____ (05, 07, or 09) E. Grade: F. Date of Birth (required): _____ (MMDDYYYY) G. Gender (required): _____ (M,F) H. Ethnicity: _____ (Enter ethnicity code from Table 1.) I. Reason for Incomplete Data - Check one of the boxes and choose one of the following reasons: Student with partial data Student not tested ____ Absent on test date and all make-up sessions ____ Extraordinary circumstances ____ Waiver granted Medical excuse ____ Individualized education program (IEP)/Disabilities * * * * * * * * * Continue to Section II if student has tested or partially tested. * * * * * * * * II. INDIVIDUAL STUDENT SCORES - Fill in all applicable data for each item below. Use a score of zero to indicate that the student was unable to complete the test. Leave score blank to indicate that the student did not attempt the test. A. Aerobic Capacity (select one) 1) PACER* (20 meter) 2) Mile Walk/Run 3) Walk Test (# of laps) _____ _____ Min. _____ Min. Heart Beats Sec. Sec. (# of beats in 15 sec.) Weight (lbs.) B. Body Composition (select one) 1) Skinfold Measurement 2) Body Mass Index 3) Bioelectric Impedance/ Height (ft., in.) _____ Automated Skinfold Caliper Triceps (mm) Weight (lbs.) _____ % Body Fat Calf (mm) _____ Abdominal Curl-Ups _____ (# of curl-ups. Not to exceed 75.) C. Abdominal Strength D. Trunk Strength Trunk Lift _____ (# of inches. Not to exceed 12 in.) E. Upper Body Strength (select one) 1) Push-Ups 2) Modified Pull-Ups 3) Flexed-Arm Hang (# of push-ups) _____ (# of pull-ups) _____ (# of seconds) F. Flexibility (select one) Left Side _____ (# of inches. Not to exceed 12 in.) 1) Back-Saver Sit and Reach Right Side _____ 2) Shoulder Stretch (Yes if student is able to touch fingertips./No if student is not able to touch fingertips.) Left Side (Yes/No) Right Side (Yes/No) * If the 15-meter PACER is administered, these scores must be converted to 20-meter scores. The conversion table can be found at

http://www.fitnessgram.net/.

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TABLE 1 - Values for Ethnicity

100 – American Indian or Alaskan Native	302 – Guamanian
201 – Chinese	303 – Samoan
202 – Japanese	304 – Tahitian
203 – Korean	399 – Other Pacific Islander
204 – Vietnamese	400 – Filipino
205 – Asian Indian	500 – Hispanic or Latino
206 – Laotian	600 – African American or Black
207 – Cambodian	(not of Hispanic origin)
299 – Other Asian	700 – White (not of Hispanic origin)
301 - Native Hawaiian	999 – Declined to state